

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**

**FOR: HEALTH CARE FINANCING ADMINISTRATION**

1. TRANSMITTAL NUMBER:

1 0 - 1 1

2. STATE:

Michigan

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL  
SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR  
HEALTH FINANCING ADMINISTRATION  
DEPARTMENT OF HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE  
October 1, 2010

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:  
CHIPRA requirements Section 113

7. FEDERAL BUDGET IMPACT:

a. FFY 11 \$ 733,103.00

b. FFY 12 \$ 679,180.00

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  
Attachment 2.2-A, pages 6 and 25

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable):

Attachment 2.2-A, pages 6 and 25

10. SUBJECT OF AMENDMENT:

revised deemed newborn preprint pages

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT

☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED:

Stephen Fitton, Director

Medical Services Administration

12. SIGNATURE OF STATE AGENCY OFFICIAL:

*Stephen Fitton*

13. TYPED NAME:  
Stephen Fitton

14. TITLE:  
Director, Medical Services Administration

15. DATE SUBMITTED:  
August 31, 2010

16. RETURN TO:

Medical Services Administration  
Program/Eligibility Policy Division - Federal Liaison Unit  
Capitol Commons Center - 7<sup>th</sup> Floor  
400 South Pine  
Lansing, Michigan 48933

Attn: Nancy Bishop

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:

18. DATE APPROVED:

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL:

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPE NAME:

22. TITLE:

23. REMARKS:

**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT**

State of MICHIGAN

***Coverage and Conditions of Eligibility  
Groups Covered***

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A. Mandatory Coverage – Categorically Needy and Other Required Special Groups (continued)

- |                          |             |   |
|--------------------------|-------------|---|
| 1902(e)(4)<br>of the Act | 12.         | Deemed Newborns –<br>A child born in the United States to a woman who is eligible for and receiving Medicaid (including coverage of an alien for labor and delivery as emergency medical services) for the date of the child's birth, including retroactively. The child is deemed eligible for one year from birth   |
| 42 CFR<br>435.120        | 13.         | Aged, Blind and Disabled Individuals Receiving Cash Assistance  |
|                          | <u>X</u> a. | Individuals receiving SSI.<br>This includes beneficiaries' eligible spouses and persons receiving SSI benefits pending a final determination of blindness or disability or pending disposal of excess resources under an agreement with the Social Security Administration; and beginning January 1, 1981, persons receiving SSI under section 1619(a) of the Act or considered to be receiving SSI under section 1619(b) of the Act. |
|                          | <u>X</u>    | Aged  |
|                          | <u>X</u>    | Blind   |
|                          | <u>X</u>    | Disabled  |

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TN NO.: 10-11

Approval Date: \_\_\_\_\_

Effective Date: 10/01/2010

Supersedes  
TN No.: 92-14

**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT**

State of MICHIGAN

***Coverage and Conditions of Eligibility  
Groups Covered***

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C. Optional Coverage of Medically Needy (continued)

1902(e)(4) 4. Reserved  
of the Act

42 CFR 5. X a. Financially eligible individuals who are not described in section  
435.308 C.3. above and who are under the age of:

X 21  
- 20  
- 19  
- 18 or under age 19 who are full-time students in a  
secondary school or in the equivalent level of vocational  
or technical training.

- b. Reasonable classifications of financially eligible individuals  
under the ages of 21, 20, 19 or 18 as specified below:

- 1) Individuals for whom public agencies are assuming full  
or partial financial responsibility and who are:

- a) In foster homes (and are under the age of \_\_\_\_).
- b) In private institutions (and are under the age of \_\_\_\_).

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TN NO.: 10-11

Approval Date: \_\_\_\_\_

Effective Date: 10/01/2010

Supersedes  
TN No.: 92-02